

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # 740603

1. Entity Name

PORT CANAVERAL YACHT CLUB, INC.



**FILED  
Apr 27, 2006 8:00 am  
Secretary of State**

04-27-2006 90149 033 \*\*\*\*61.25



1st MOORE CR2E037 (10/05)

Principal Place of Business		Mailing Address	
910 MULLET DRIVE CAPE CANAVERAL FL 32920 US		P.O. BOX 156 CAPE CANAVERAL FL 32920 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
O' SHAUGHNESSY, EDWARD 715 LAKE WOOD CIRCLE MERRITT ISLAND FL 32952		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <u>HARVEY TRIPPLET</u>		(NOTE: Registered Agent signature required when translating)	
FILE NOW! FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
10. OFFICERS AND DIRECTORS			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2V ZAJAC, BILL 5803 N. BANANA RIVER BLVD #1017 CAPE CANAVERAL FL 32920	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1st VICE COMMODORE</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VICTOR MONTES-JORDON 710 WICKHAM LAKE DR VIERA, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2NDV TRIPPLET, HARVEY 536 BEACH PARK LANE CAPE CANAVERAL FL 32920	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2nd VICE COMMODORE</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BILL KEY 4005 AURANTIA RA. MIMS, FL 32754
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FC BROOKBANK, MARK PO BOX 320304 COCOA BEACH FL 32932	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FLEET CAPTAIN</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CHARLEY STUARD P.O. BOX 541759 MERRIT IS, FL 32954
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C O'SHANAHNESSY, EDWARD 715 LAKE WOOD CIR MERRITT ISLAND FL 32952	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COMMODORE</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition HARVEY TRIPPLET 536 BEACH PARK LANE CAPE CANAVERAL, FL 32920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALLEN, JOHN 174 A SEMORAN COMMERCE PL #102 APOPKA FL 32703	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition -VACANT,
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PAT SMALL (PATRICIA) 67 SUNSET DRIVE TITUSVILLE, FL 32780

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: HARVEY TRIPPLET HARVEY TRIPPLET 4-17-06 321-784-2292

ATTACHMENT

40064568  
# 740603

Addition:

Rear Commodore  
JoAnn Leisen  
9307 Pecky Cypress Way  
Orlando, FL 32836

Addition:

Accounts Treasurer  
Tom North  
5217 Driscoll Ct.  
Orlando, FL 32812

Addition:

Master At Arms  
Dan Blougouras  
P.O. Box 177  
Cape Canaveral, FL 32920